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EVERY STORY MATTERS

Radius
HOUSING

# Radius Housing Post-Project Report

Evaluating the Effectiveness of a 12-Week Shared Reading Programme to Improve Wellbeing in Housing Folds

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# Executive Summary

This project was a collaboration between Verbal and Radius Housing. Verbal carried out a Shared Reading programme designed to improve wellbeing, quality of life and loneliness across Radius Housing folds in Northern Ireland.

Research indicates that aging populations are at risk of poor wellbeing and feelings of isolation, and these feelings have been exacerbated by the COVID-19 pandemic (Heidinger & Richter, 2020; Krendl & Perry, 2021).

Interventions delivered within community groups, particularly arts-based interventions that include social components such as group discussions, are an effective method of improving mental wellbeing, quality of life and connectedness with others. We partnered with Radius Housing to deliver a Shared Reading programme directly within housing folds to improve wellbeing and quality of life and to reduce loneliness.

This intervention was delivered in 18 housing folds to 131 residents, encompassing 130 storytelling sessions delivered across 195 hours.

Mental wellbeing improved in 50% of participants and symptoms of anxiety significantly reduced after taking part. Improvements in wellbeing were highest in the oldest group of residents, and symptoms of anxiety reduced by 85% in women.

The largest improvements in quality of life were found for energy levels, feeling independent, and feeling fresh and relaxed, suggesting that the programme could have a rejuvenating and relaxing effect on participants. 28% of participants felt less lonely after taking part and participants were significantly more likely to feel supported by family, friends and their neighbours.

Additional data analyses identified groups of mostly vulnerable and disabled participants who reported high levels of anxiety, loneliness, and poor mental wellbeing. As Verbal are committed to every story mattering, we feel it is imperative for further interventions to target and improve the lives of these residents. Recommendations include loneliness and reminiscence curriculums that encourage reflection and introspection, provides support, and helps people to connect and bond with others.

# Introduction

The over sixty population is the fastest growing age group across the world (World Health Organisation, 2016). This is attributed to factors such as improvements in medicine increasing longevity and the aging of the post-World War 2 'Baby Boom' generation. There are additional mental health and quality of life issues associated with an aging population. Mental health and feelings of loneliness can be impacted by the loss of friends and family, and these feelings can be exacerbated by disabilities and illnesses that limit the building and maintenance of social connections.

The aging population is at further risk of poor wellbeing following the COVID-19 pandemic as research using community cohorts of older adults found increased levels of loneliness during and after lockdowns (Heidinger & Richter, 2020; Krendl & Perry, 2021). As this is a cohort who are at additional risk of mental and physical health issues, it is imperative that interventions are tailored to meet their needs, and any benefits for individuals will have public health benefits such as encouraging healthier and happier communities.

An effective method of improving wellbeing is to deliver health-promoting interventions directly within community groups (Wallerstein & Duran, 2006; Robinson & Elliott, 2000; World Health Organisation, 2016). Interventions delivered within community groups, particularly those with social components such as group discussions, have been shown to improve mental health and wellness (Forsman et al., 2011).

Engaging older people with the arts can improve mental health and quality of life while reducing feelings of loneliness and social isolation (Vella-Burrows, 2016; Fancourt & Finn, 2019; Greaves & Farbus, 2006; Wikström, 2002). This is achieved through a number of factors such as fostering social connections and promoting tenets of positive psychology such as life satisfaction, a sense of purpose, autonomy, optimism, resilience, and self-esteem (Fredrickson & Losada, 2005; VanderWeele, 2017).

The aim of this project is to deliver arts-based interventions directly to communities of older adults within Northern Ireland to improve their mental wellbeing, quality of life, and feelings of closeness and connectedness to others.

# Methods

### *Shared Reading Model*

Verbal's intervention for improving wellbeing in an aging population was developed using Verbal's Shared Reading Model. This model is derived from Affective Bibliotherapy (Shectman & Nir-Shfrir, 2008, Heath et al., 2005), a process involving the guided reading of literature combined with targeted discussions. Shared Reading fosters change and understanding in others by gently breaking through defence mechanisms to help develop insight (Shechtman & Nir-Shfrir, 2008). Stories act as an "intermediary object" between the person and their problems (Gray et al., 2016), offering a less direct but appropriate way of discussing their emotions and experiences in a safe and inclusive environment (Detrixhe, 2010).

### *Participant Group: Radius Housing*

Radius provides housing, care and support in all eleven council areas across Northern Ireland. They also provide a range of services for people with complex needs, including dementia, adult learning disabilities, drug and alcohol dependency, and homelessness. Supported housing and 24-hour care are available and delivered through their Supported Housing, Housing with Care and Day Care Services.

Verbal have partnered with Radius Housing to deliver this intervention as two key components of Radius's Community Investment Strategy 2022-2027 are to improve wellbeing and to promote community empowerment. This intervention was offered to all over-50 supported housing locations (known as 'folds') to create more positive, sustainable and self-reliant communities.

### *The Programme*

A 12-session intervention designed to improve mental wellbeing, quality of life and closeness to others was delivered in Radius Housing folds across Northern Ireland. This intervention was designed to instil and encourage the following tenets of emotional wellbeing in aging populations:

- Understanding and managing anxiety
- Problem-solving and goal-setting
- Managing fears and worries
- Self-care and self-esteem
- Breathing techniques
- Seeking help from others

Participants were encouraged to complete a questionnaire before and after taking part in the intervention. Those identified as having moderate to significant cognitive decline were not asked to complete questionnaires due to inability to give full informed consent, but could still participate in the programme. Questionnaires contained the same psychological measures to allow direct comparison pre- and post-intervention. These measures are:

### WHO-5 Well-Being Index

This is a five-item measure designed to assess psychological wellbeing (Bech, 2004), with high scores indicating positive wellbeing. The WHO-5 has been used in a range of studies worldwide and is a useful measure for recognising symptoms of depression in older people (Topp, Østergaard, Søndergaard, & Bech, 2015).

### Generalised Anxiety Disorder-7

This is a seven-item measure designed to screen for generalised anxiety (Williams, 2014). This scale can be used in both the general population and in primary care settings.

### Older Person's Quality of Life Questionnaire

This is a 13-item measure which measures several aspects of an older person's quality of life, with higher scores indicating a higher quality of life (Bowling et al., 2013). Quality of life domains that this scale measures includes: health; social relationships; independence; control over life, home and neighbourhood; psychological and emotional wellbeing; leisure and social activities; freedom; and financial circumstances.

### UCLA Loneliness Scale

The UCLA Loneliness Scale is a three-item scale providing insight into participants' subjective feelings of loneliness, such as lacking companionship, feeling left out, and feeling isolated from others (Hughes, Waite, Hawkley, & Cacioppo, 2008).

## *Programme Development and Training*

Literature was selected by Verbal's Literature Team to align with the mental health themes previously outlined. In the Shared Reading Model, discussions are guided by psychologically-informed annotations written by Verbal's Psychology Team to prompt personal and group growth, healing and understanding. These annotations are guided by key psychological frameworks, including Cognitive Behavioural Therapy to change unhealthy thoughts and behaviours, and Acceptance and Commitment Therapy to accept and/or change emotions and behaviours.

This programme was delivered in Radius Housing folds by facilitators. Facilitators were provided training on Verbal's Shared Reading Model and how to read stories aloud. Additionally, Verbal provided fold staff with Shared Reading training to help them understand more about session delivery and how it could benefit fold residents. Facilitators were also provided with Safeguard Training and AccessNI background checks before entering folds. Verbal's Project Officers observed facilitators delivering sessions typically at the midpoint of the programme to ensure a high quality of session delivery and to check for any difficulties the facilitator may be having.

### *Procedure*

This programme took place between June 2022 – March 2023. Members of Verbal's Project Team liaised with folds to organise and provide taster sessions to residents. If folds wished to continue the programme after the taster session, those who were eligible to complete paperwork were invited to complete participant consent forms. Those who completed a consent form were then invited to complete the pre-intervention questionnaire.

Each session, residents would be read a story by the facilitator; Radius fold staff were invited to supervise and join in with these sessions. Stories were selected by Verbal's Literature Team and structured breaks were implemented for discussions. The Psychology team developed questions for these breaks that would encourage discussion and reflection on the theme. The programme was delivered in 12 sessions by facilitators, typically on a weekly basis where possible. Residents with completed consent forms were once again invited to complete the post-intervention questionnaire at the end of the programme.

### *Data Analysis Strategy*

Quantitative data were entered, cleaned and statistically analysed by the Verbal Psychology Team using a combination of SPSS Version 28 and Mplus Version 7.

Descriptive statistics such as age, gender, disability, and the area-level deprivation of the fold (via the Northern Ireland Multiple Deprivation Measure) were explored.

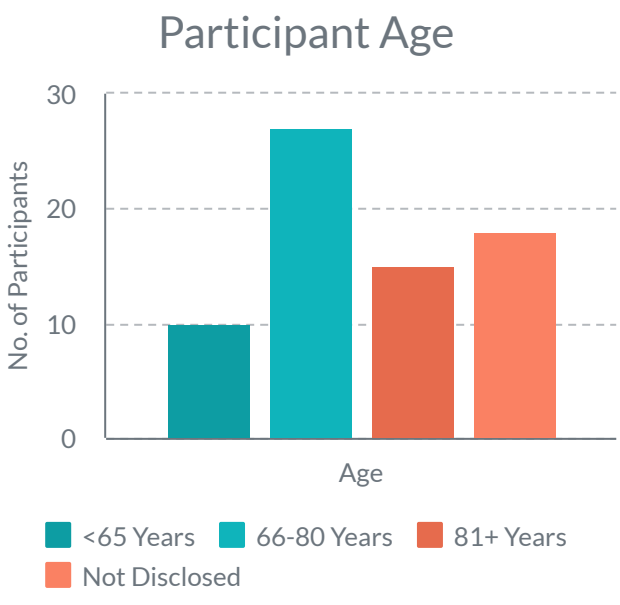
t-tests were used to explore whether scores on psychological measures significantly changed before and after taking part in the intervention. t-tests were also used to identify gender and disability differences in the psychological measures in pre- and post-intervention questionnaires, while an Analysis of Variance (ANOVA) was used to explore age differences due to featuring more than two age groups. Analyses of Covariance (ANCOVAs) were then used to explore whether changes in scores pre- and post-intervention significantly differed by age, gender, deprivation or disability. The Bonferroni correction was applied to ANCOVAs to minimise the likelihood of identifying false positives during data analysis.

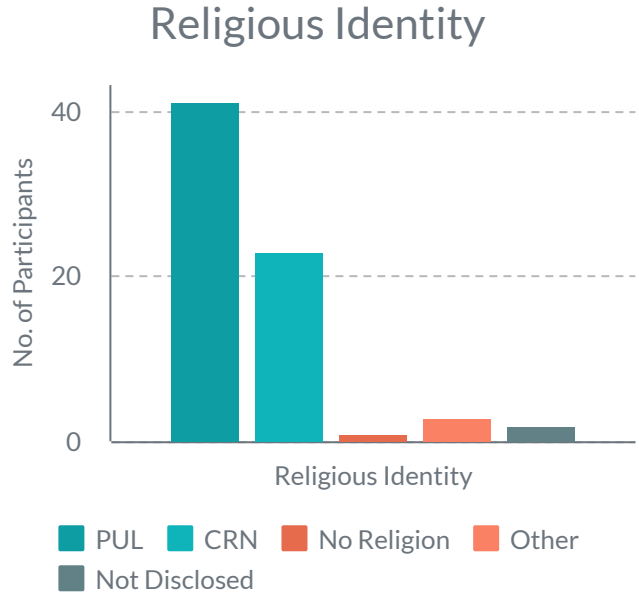
The decision was made to conduct a Latent Class Analysis on the pre-intervention questionnaires to develop wellbeing profiles for residents. Latent Class Analysis creates data-driven categories that organise people based on their similarities (Haagenars & McCutcheon, 2002). While data group themselves together organically in this analysis, the data analyst must decide the optimal number of groups to retain in the analysis based on the fit criteria. The Psychology Team decided that three groups of residents fit the data best for the current study as it had the highest entropy value (Ramaswamy et al., 1993).

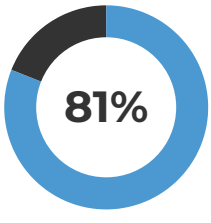
Statistical significance was explored when analysing data. Statistical significance refers to the probability that a finding happened due to a specific cause, most likely the result of the programme. In alignment with established guidelines, results were considered as statistically significant if $p<.05$. This means that we can be at least 95% sure that a finding was not due to chance or coincidence. Statistically significant findings in charts and graphs were denoted using an asterisk (*).

# Results: Participant Overview

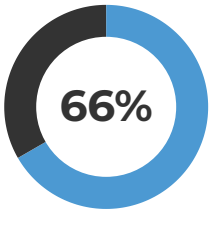
This intervention was delivered to **18 folds** between the period of June 2022 – March 2023. This intervention reached a total of **131 residents**, encompassing **130 storytelling sessions delivered across 195 hours**. A pre-programme questionnaire was completed by 90 participants (69%).




Female




Reported a disability

This sample was ethnically homogenous as all participants were white.

Over 60% of residents identified as a member of the Protestant community, while this was over 33% for the Catholic community.

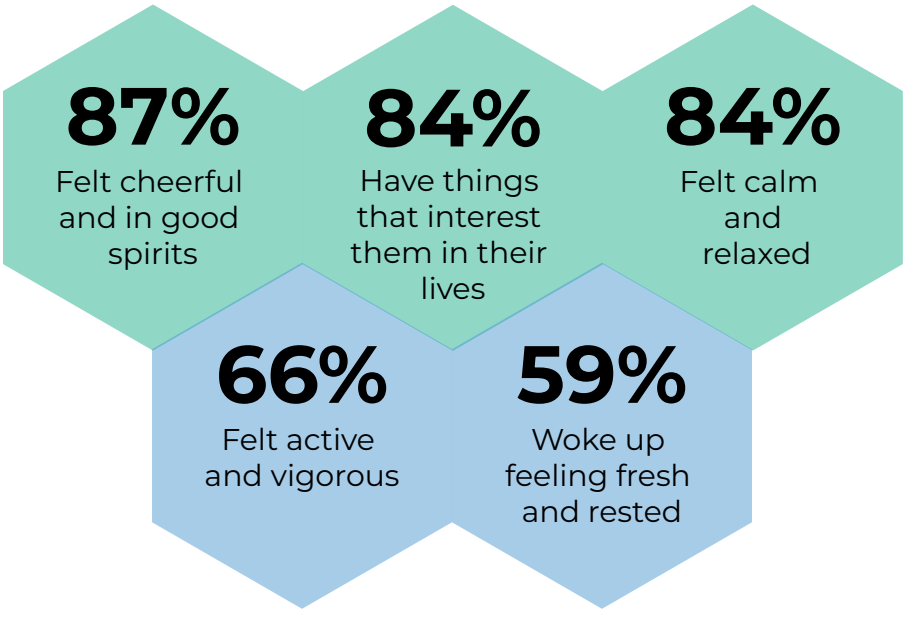
Over 80% of residents who took part in the project were women, and two thirds of residents who took part reported having a long-standing illness or disability.

Of the 90 participants who completed a pre-programme questionnaire, 18 (26%) completed a post-programme questionnaire after the programme had concluded.

# Results: Mental Wellbeing

***Baseline Results***

Questions on mental wellbeing from the pre-programme questionnaire were analysed to explore participant wellbeing before taking part in the programme. We noticed a high level of positive wellbeing in fold residents before taking part:




***Programme Results***

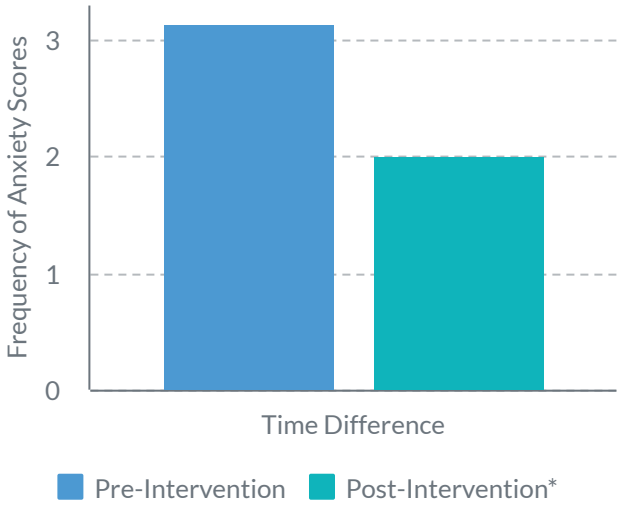
Despite high levels of wellbeing before taking part, **mental wellbeing scores increased in 50% of participants**. The largest increases in mental wellbeing were observed for questions on feeling active and energetic.

**↑50%**
Increase in mental wellbeing

**↑50%**
Felt fresher and more rested

**↑39%**
Felt more active and vigorous

Figure 1




A **significant reduction in anxiety symptoms** was found after taking part in the programme (t=2.06, *p*=.029).

**50% of participants** showed **fewer symptoms of anxiety** such as restlessness, and the frequency of these symptoms **reduced by 44%** (Figure 1).

### *Exploring Demographic Differences*

Analyses explored whether age, gender, disability or deprivation differences were apparent between the pre- and post-intervention assessments.

We found that improvements in wellbeing significantly differed by age (F=6.79, *p*=.011). When exploring this difference, we identified that the programme was **most effective in improving the wellbeing of the 81+ age group** as their wellbeing improved by 28% after taking part (Figure 2).

Figure 2

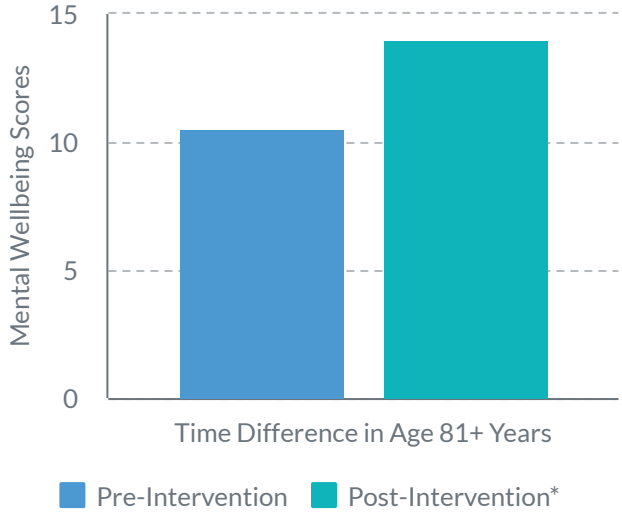
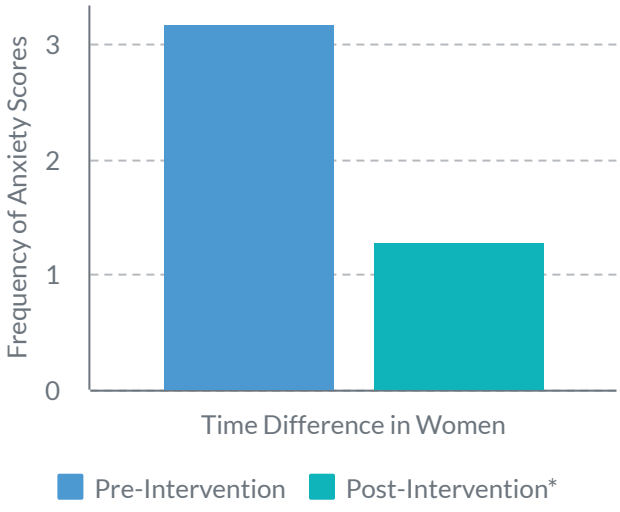


Figure 3

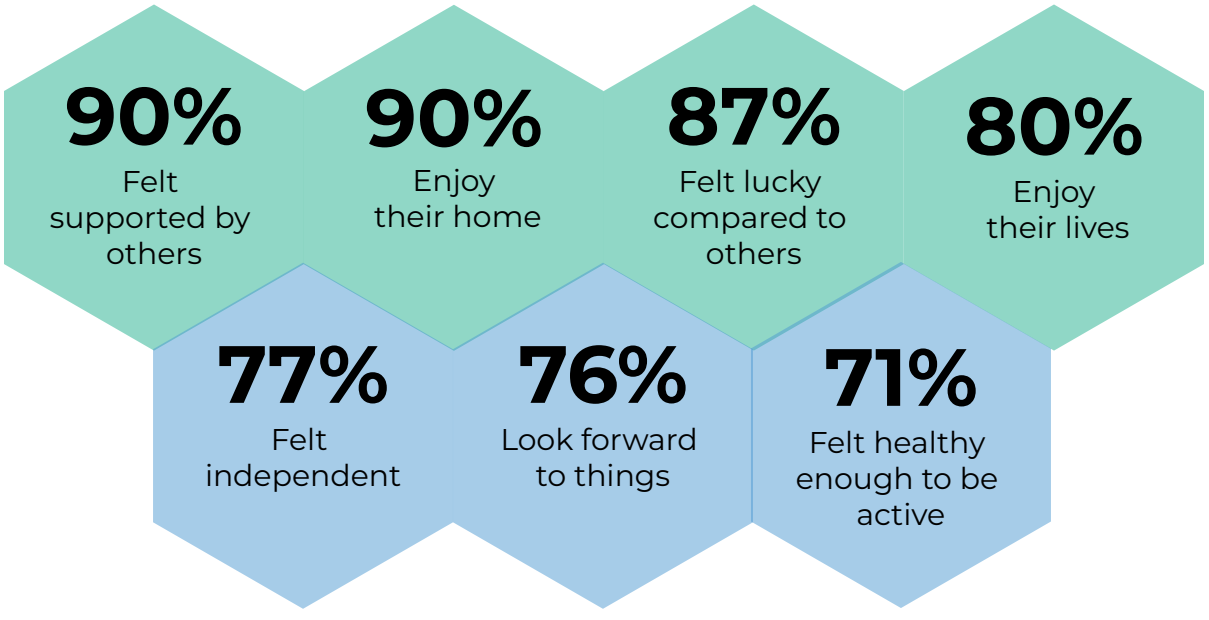



We also found that improvements in anxiety significantly differed by gender (F=16.90, *p*=.002). Our programme was most effective in **reducing symptoms of anxiety in women by 85%** (Figure 3).

# Results: Quality of Life

***Baseline Results***

Quality of life questions from the pre-programme questionnaire were analysed to explore quality of life prior to taking part. We found that participants tended to report a high quality of life before the programme began.




***Programme Results***

While quality of life was high prior to taking part, we still observed increases in these questions. These increases were most likely in domains such as gratitude, help-seeking, and feeling healthy.

↑ **39%**
Felt luckier compared to others

↑ **39%**
Felt more supported by others

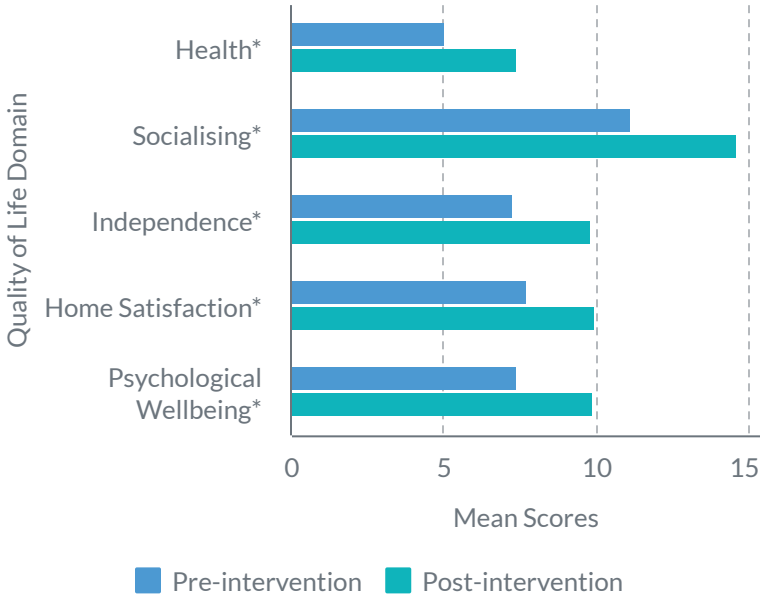
↑ **33%**
Felt healthier and more independent

↑ **33%**
Felt happier about their home

### *Exploring Demographic Differences*

Analyses explored whether age, gender, disability or deprivation differences were apparent between the pre- and post-intervention assessments.

Figure 4



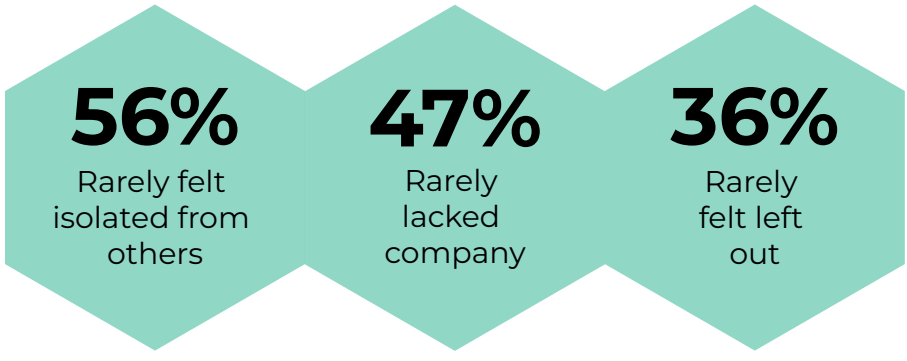

We identified significant differences in those with and without disabilities for health quality (F=16.40, *p*=.001), social quality (F=6.62, *p*=.021), independence (F=7.53, *p*=.015), home satisfaction (F=5.51, *p*=.033) and psychological wellbeing (F=7.90, *p*=.013).

For each of these, we found **increases for those with no reported disability** compared to those with disabilities (Figure 4). For those without disabilities, health quality increased by 37%, social quality increased by 27%, independence increased by 30%, home satisfaction increased by 25%, and psychological wellbeing increased by 29%. Improvements were not observed in these quality of life domains for those with disabilities.

# Results: Loneliness

### *Baseline Results*

Loneliness questions from the pre-programme questionnaire were analysed to explore whether participants felt lonely prior to talking part. The percentage of participants who rarely felt lonely was lower than those reporting positive wellbeing and quality of life.




### *Programme Results*

**28%**

Felt less lonely after taking part

After taking part in the programme, **28% of participants felt less lonely**.

### *Exploring Demographic Differences*

Analyses explored whether age, gender, disability or deprivation differences were apparent between the pre- and post-intervention assessments. We did not identify any demographic differences in changes to loneliness after taking part.

# Results: Latent Class Analysis

After identifying a high level of baseline wellbeing and quality of life, yet observing fewer increases in vulnerable groups such as those with disabilities, the decision was made to conduct a Latent Class Analysis of all completed pre-programme questionnaires. This additional analysis was conducted to develop profiles of need that future programmes could be tailored towards.

A three-class solution had the best model fit criteria in data analysis, suggesting that participants in the project fit best into one of three groups. These groups are:

## Group 1

All female

Lowest health and quality of life

Most lonely

A small, all-female group of three participants emerged in data analysis that were **grouped together by their very poor health**. The group's average health score was thirteen times smaller than the group with the highest health score (Group 2). While this group did not have the poorest mental wellbeing, they scored the lowest on quality of life measures and reported the highest feelings of loneliness.

Group 2 emerged as the largest group in the analysis (52 participants). This group contained the largest percentage of participants aged 81+ (23%) and are representative of the high baseline levels of wellbeing and quality of life found in previous analyses: they reported the **highest quality of life**, the **highest wellbeing**, and the **lowest levels of loneliness** across the groups.

## Group 2

Highest number of senior participants

Highest quality of life and wellbeing

Least lonely

# Group 3

Highest proportion of disabled participants

Poorest wellbeing

Most anxious

Group 3, comprised of 15 participants, is defined by its **high proportion of participants with a disability** (80%). This group reported the **poorest mental wellbeing** of all groups and had the **highest levels of anxiety**. This group consistently had lower scores on quality of life domains and loneliness than Group 2.

# Discussion

Verbal delivered a Shared Reading programme to older adults living in Radius Housing with the aim of improving their mental wellbeing, quality of life, and closeness with others. While we observed surprisingly high levels of wellbeing and quality of life before the programme began, our programme still improved mental wellbeing, anxiety levels and quality of life while decreasing feelings of loneliness.

The pattern of findings indicate that the programme could have a rejuvenating and relaxing effect on participants. The largest improvements in quality of life were found for energy levels, feeling fresh and relaxed, and feeling independent. The programme was particularly calming for women as there was an 85% reduction in symptoms of anxiety such as restlessness after taking part. The programme could also foster resilience as it helped participants to feel grateful for and enjoy what they have, while also feeling more supported by their friends, family and neighbours. These findings suggest that Verbal's community-based programmes are effective at improving mental health and quality of life, and continue to support the benefits of shared reading as a tool to improve wellbeing (Bal & Veltkamp, 2013; Billington et al., 2016; Davis, 2009; Longden et al., 2015).

The high levels of baseline wellbeing and quality of life were intriguing as fold residents are typically those with additional care needs or those in need of assisted housing, a population that shows poor wellbeing in research (Wagenaar et al., 2003; Jang et al., 2006). It is possible that fold residents who experienced The Troubles in Northern Ireland have developed a sense of resilience and gratitude for living in peacetime conditions following the Good Friday Agreement. This finding also corresponds with previous research specifically from Northern Ireland showing that those with the poorest health do not necessarily report their own health as poor (Divin, 2020).

While increases in mental wellbeing and quality of life were found, we noted that increases were not found for those with a reported disability. This encouraged a further examination of the data using a Latent Class Analysis which organically groups participants together based on similarities. This analysis identified two groups of mostly vulnerable and disabled participants reporting high levels of anxiety, loneliness, and poor mental wellbeing. It is evident that these groups could benefit from an alternative, targeted intervention.

Verbal believe passionately that every story matters, and to achieve this goal we are eager to tailor programmes to meet the specific needs of different groups. Recommendations for the cohorts identified in this research include a loneliness curriculum that encourages discussion, provides support, and helps people to connect and bond with others. Alternative suggestions include the implementation of a reminiscence programme that helps older adults to reflect on their lives and where they are now. Reminiscence programmes have been shown to improve wellbeing and reduce the likelihood of depression in older adults (Bohlmeijer, Roemer, Cujipers, & Smit, 2007).


Additional programmes to improve the wellbeing of vulnerable fold residents could strive to address limitations of this current project. Only 26% of participants completed both a pre- and post-programme questionnaire meaning that many participant voices are not captured in this data. Verbal has identified robust data collection as a key goal for all future projects, and any future work would aim to capture feedback from at least 75% of participants. This will involve implementing a new data collection protocol and training facilitators on the importance of collecting data both pre- and post-programme. Training will also encourage facilitators to empower residents to provide feedback and share their story.

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# Thank you

## Contact Us

theverbal.co

info@theverbal.co